

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Nancy Herrera			
Area Code/Phone Number	E-mail		
(213) 974-4444	nherrera@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 03 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

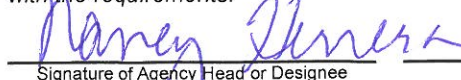
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee
 Nancy Herrera
 Print Name
 Ticket Administrator
 Title
 05/12/17
 (month, day, year)

Comment: \_\_\_\_\_

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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<b>1. Agency Name</b> County of Los Angeles <b>Division, Department, or Region</b> (if applicable) Board of Supervisors <b>Designated Agency Contact</b> (Name, Title) Nancy Herrera <b>Area Code/Phone Number</b> (213) 974-4444 <b>E-mail</b> nherrera@bos.lacounty.gov		Date Stamp	<b>California Form 802</b> For Official Use Only
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45  
Event Description: Dodgers Game Tickets Date(s) 04 / 05 / 17  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Nancy Herrera Ticket Administrator 05/12/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Nancy Herrera			
Area Code/Phone Number	E-mail		
(213) 974-4444	nherrera@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 06 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

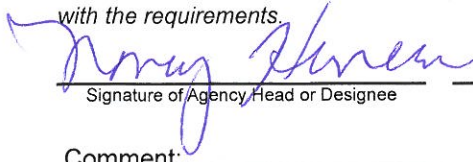
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Nancy Herrera  
Print Name

Ticket Administrator  
Title

05/12/17  
(month, day, year)

Comment: \_\_\_\_\_

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Area Code/Phone Number (213) 974-4444	E-mail nherrera@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45  
Event Description: Dodgers Game Tickets Date(s) 04 / 14 / 17  
*Provide Title/Explanation*  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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 Nancy Herrera Ticket Administrator 05/12/17  
Signature of Agency Head or Designee Print Name Title (month, day, year)  
Comment: \_\_\_\_\_

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Nancy Herrera			
Area Code/Phone Number	E-mail		
(213) 974-4444	nherrera@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 15 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

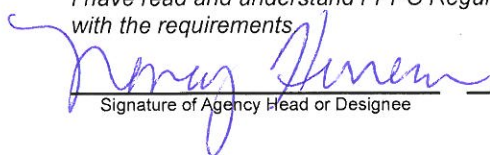
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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 Signature of Agency Head or Designee

Nancy Herrera  
 Print Name

Ticket Administrator  
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05/12/17  
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Nancy Herrera			
Area Code/Phone Number	E-mail		
(213) 974-4444	nherrera@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 16 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

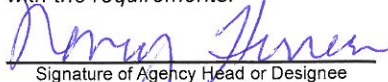
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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Nancy Herrera			
Area Code/Phone Number	E-mail		
(213) 974-4444	nherrera@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 17 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

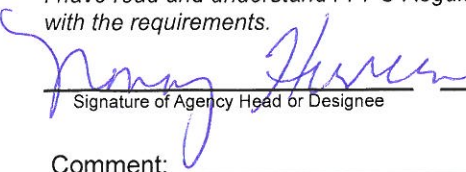
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Area Code/Phone Number (213) 974-4444	E-mail nherrera@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 18 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

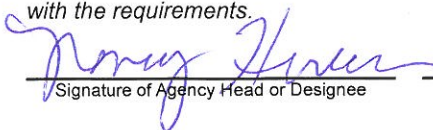
**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Nancy Herrera Ticket Administrator 05/12/17  
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45  
Event Description: Dodgers Game Tickets Date(s) 04 / 28 / 17  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Board of Supervisors	2	Ticket Policy Sec 5.3(k)
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
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Nancy Herrera			
Area Code/Phone Number	E-mail		
(213) 974-4444	nherrera@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Game Tickets Date(s) 04 / 29 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 45  
Event Description: Dodgers Game Tickets Date(s) 04 / 30 / 17  
*Provide Title/Explanation*  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers  
*Name of Source*  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

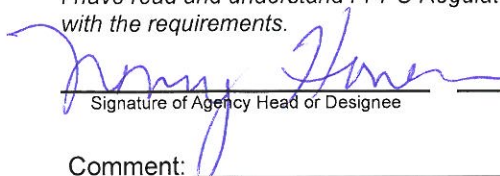
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